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03-01-1999 90155 007 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004193

1. Corporation Name

S.T.V. MAIGLOCKCHEN OF DAYTONA BEACH, INC.

Principal Place of Business

**2573 TREE HAVEN DRIVE
DELTONA FL 32738**

Mailing Address

**2573 TREE HAVEN DRIVE
DELTONA FL 32738**



2. Principal Place of Business

21 2573 Treehaven Dr. (one word)

Suite, Apt. #, etc.

**22 City & State
23 Deltona FL**

**24 Zip Country
32738 USA**

2a. Mailing Address

26 2573 Treehaven Dr. (one word)

Suite, Apt. #, etc.

**27 City & State
28 Deltona, FL**

**29 Zip Country
32738 USA**

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number
59-3334095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SCHUMANN, THOMAS F
2573 TREE HAVEN DRIVE
DELTONA FL 32738**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHUMANN, THOMAS F
STREET ADDRESS 2573 TREEHAVEN DR.
CITY-ST-ZIP DELTONA FL

TITLE VTFS
NAME SCHUMANN, CAROL J
STREET ADDRESS 2573 TREEHAVEN DR.
CITY-ST-ZIP DELTONA FL

TITLE D
NAME SCHUMANN, CAROL J
STREET ADDRESS 2573 TREEHAVEN DR.
CITY-ST-ZIP DELTONA FL

TITLE SD
NAME SCHAGER, JENNIE
STREET ADDRESS 29 CUNNINGHAM DR.
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME Steve Photiades
2.3 STREET ADDRESS 1936 Botree Ct.
2.4 CITY-ST-ZIP Daytona Beach, FL 32124

3.1 TITLE TFS D
3.2 NAME Carol Schumann
3.3 STREET ADDRESS 2573 Treehaven Dr.
3.4 CITY-ST-ZIP Deltona, FL 32738

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas F. Schumann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99
Date

904-789-3968
Daytime Phone #

CR2E037 (1/98)